



# Koch Mechanical, Inc.

DATE: August 14, 2015

TO: All Subcontractors and Suppliers

RE: **SAB (State Armory Board) Indiana Army National Guard, Indiana (3 separate projects)**  
**Projects: MDI-SAB-15-B-0017, MDI-SAB-15-B-0018 & MDI-SAB-15-B-0019**  
**All 3 projects bid on Monday, September 10, 2015 @ 2pm**

Our firm plans to bid the following contract(s), as the prime contractor, and we are inviting quotations from businesses that might be interested in working with us on this project. Please let us know if you are interested. Thank you.

Project #	Project Description	County	Quoting?
MDI-SAB-15-B-0017	Madison Boiler System Installation	Jefferson	Yes / No
MDI-SAB-15-B-0018	Salem Boiler System Installation	Washington	Yes / No
MDI-SAB-15-B-0019	Columbus Boiler System Installation	Bartholomew	Yes / No

**The following items MAY be quoted:**

- |                             |                                |
|-----------------------------|--------------------------------|
| -General Trades             | -Electrical                    |
| -Mechanical Insulation      | -HVAC Temperature Controls     |
| -Test and Balance           | -HVAC Chemical Treatment       |
| -Concrete Cutting, Drilling | -HVAC Equipment                |
| -Concrete Flat Work         | -Crane Work                    |
| -Pipe, Valves and Fittings  | -General Demolition            |
| -Man Lifts                  | -Other items may be considered |

A written quotation should be sent to our Estimating Department at 812.346.6305 or emailed to [tammym@daveomara.com](mailto:tammym@daveomara.com) on or before **5:00 PM on Friday, September 7, 2015**.

If you require additional information, please contact our Estimating Department at 812.346.4135.

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Please complete, sign, date and return by fax to 812.346.6305 or by email to [tamikah@davaomara.com](mailto:tamikah@davaomara.com).

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ DATE: \_\_\_\_\_

Will you be using UNION labor? (Yes or No): \_\_\_\_\_

Our Company is a certified: DBE / WBE / MBE / VBE / OTHER subcontractor/supplier.

Please indicate type of certification (or if none, please mark N/A): \_\_\_\_\_

**PLEASE BE SURE THAT OUR OFFICE HAS A COPY OF YOUR CURRENT CERTIFICATE ON FILE. THANK YOU!**

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